SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 68 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Leslie D Hirsch FACHE Date of Receipt Mailing Address 28 MacKenzie Lane North 04 30 2015 City Zip Code State Transaction ID: 22454164 Denville NJ 07834-2954 Amount of Each Receipt this Period FEC ID number of contributing 130.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Saint Clare's Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Merry Beth Kraus Date of Receipt Mailing Address 1445 N. Clinton Place 04 30 2015 City State Zip Code Transaction ID: 3278574 IL River Forest 60305-1205 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Director, Constituency Section Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Melinda Reid Hatton Date of Receipt Mailing Address 800 10th Street, NW 30 Two CityCenter, Suite 400 04 2015 City Zip Code State Transaction ID: PR1045726234581 DC Washington 20001-5188 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation Senior Vice President & General Counse American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 307.76 Other (specify) 706.94 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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